PLAINTIFF'S EXHIBIT C

STMT ▲ 000168 Adislen Pazdelsol

Homestead FL 33033-1502

This bill is separate from your hospital bill. It covers physician services rendered at

HOMESTEAD HOSPITAL

Patient:

Account number:

Bill ID:

Printed on:

Check reference #:

Adislen Pazdelsol

Jul 6, 2021

Difficulty paying your bill?

Visit pay.teamhealth.com to learn about 0% interest payment plans and more ways to resolve your balance.

You owe \$1,199.00

You have one bill that is ready to pay. The total amount is due by Jul 21, 2021.

Visit pay.teamhealth.com to add your insurance and we will reprocess your bill.

SEE BACK FOR DETAILS →

Total billed

\$1,199.00

Amount you owe

\$1,199.00

DETACH AREA BELOW AND SEND WITH PAYMENT

Ways to Pay

☐ Online

Phone

⊠ Mail

Pay via desktop or mobile:

pay.teamhealth.com

To pay by phone, call toli-free 24/7: (888) 580-2688

Mail check or money order with this part of the bill to the address on the reverse side. Do not send cash.

Need Help?

Call our team toll-free (Mon-Fri 8AM to 8PM, Sat 10AM to 3PM EDT) (888) 580-2688

pay.teamhealth.com

Live Chat

Bill ID: (



Scan to pay online.

Just point your phone's camera at the code to scan. Some phones may require a QR code app.

Document 1-3 Entered on FLSD Docket 11/09/2022 Page 3 of 4 OHOMESTEAD HOSPITAL

Type: Physician services Due date: Jul 21, 2021 (past due)

Emergency department visit

Clinician: Mehdy Yavari Do

Department: Emergency Department

Service				
Office/facility visit - 99284				

Subtotal billed	\$1,199.00
Insurance adjusted	- \$0.00
Insurance paid	- \$0.00
You awa (subtatal)	\$1.100 NA

Billed

\$1,199.00

Your bill summary	TEAM Health.		
Total billed	\$1,199.00		
Amount you owe	\$1,199.00		

View billing rights at: https://pay.teamhealth.com/rights/

DETACH AREA BELOW AND SEND WITH PAYMENT

Mail this slip with check

Account Holder: Adislen Pazdelsol Account Number: Check reference #:

MAKE CHECK PAYABLE & MAIL TO:

TEAMHealth.

PARAGON CONTRACTING SERVICES, LLC P.O. Box 740023 Cincinnati, OH 45274-0023

018000877635086034030415993001140011990091



M87763508-30-30011 STMT ▲ 0 0 2 0 7 1 Adislen Pazdelsol

Homestead FL 33033-1502

This bill is separate from your hospital bill. It covers physician services rendered at

HOMESTEAD HOSPITAL

Patient:

Adislen Pazdelsol

Account number:

Bill ID:

Printed on:

Check reference #:

Sep 4, 2021

Difficulty paying your bill?

Visit pay.teamhealth.com to learn about 0% interest payment plans and more ways to resolve your balance.

SEE BACK FOR DETAILS →

Total billed

\$1,199.00

Amount you owe

\$1,199.00

You are eligible for a discount. For more information, please go to pay.teamhealth.com or call (888) 580-2688.

PastiDup :

You owe \$1,199.00 today

You have a past due amount of \$1,199.00. Please make a payment or contact us as soon as possible.

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DETACH AREA BELOW AND SEND WITH PAYMENT

Ways to Pay

□ Online

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Mail

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Live Chat pay.teamhealth.com

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